

Adopted 1/1/97

AFFIDAVIT OF EXEMPTION FROM THE  
KENTUCKY WORKERS' COMPENSATION ACT  
(Individual)

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Application states that the following facts are true and correct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name of Applicant \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
FEIN or SSN \_\_\_\_\_ Average No. of Employees \_\_\_\_\_

The foregoing is true and correct as I verily believe and swear.

\_\_\_\_\_  
Applicant/or authorized agent

State of Kentucky  
County of \_\_\_\_\_

The forgoing Affidavit of Exemption was acknowledge and sworn to before me by  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
KENTUCKY STATE AT LARGE

My Commission Expires \_\_\_\_\_, 20\_\_\_\_\_

Instructions

This original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave., Frankfort, KY 40601 (1-800-731-5241).

A copy of this Affidavit is to be kept on file with the local office which issues the building permit.

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.